

**US DEPARTMENT OF AGRICULTURE, FOREST SERVICE**  
**REQUEST FOR VERIFICATION**  
(Reference FSH 6509.18)

FS-6500-25 (03/06)  
OMB No. 0596-  
0082

Instructions:      Applicant -      Complete items 1 thru 5. Forward directly to bank or lending institution.  
                         Lender -      Please complete Items 6 thru 15. Return directly to National Forest, ATTN:  
                         National Forest, ATTN:

**PART I - REQUEST**

1. TO: Name and Address of Bank or other Lending institutions	2. FROM: (Name and Address of Applicant)
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**3. STATEMENT OF APPLICANT**

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
CHECKING ACCOUNT		
SAVINGS ACCOUNT		
OTHER		

I have applied for a timber sale contract or concessionaire permit (please cross one out) with the National Forest and state that my balance with the bank or lending institution named in Item 1 are as shown in Item 3. My signature below authorizes verification of the information. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

4. Signature of Applicant	5. Date /      /
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**PART II - VERIFICATION**

6. Does applicant have any outstanding loans? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, fill Item 7.	10. Is the account less than 2 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, fill in Item 11.
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TYPES OF LOANS	MONTHLY PYMT.	PRESENT BALANCE	11. Date account was opened:
Secured			12. Payment Experience: <input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable If unfavorable, please explain in remarks.
Unsecured			
8. Is applicant's statement in Item 3 correct?  <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, fill Item 9.			
9. CURRENT BALANCES			
CHECKING	SAVINGS		

13. REMARKS:

**THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS TO BE TRANSMITTED DIRECTLY, WITHOUT PASSING THOROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.**

14. Signature of bank or lending official.	15. Date /      /
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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